

TOWN OF NEW WINDSOR

555 UNION AVENUE
NEW WINDSOR, NEW YORK 12553

Telephone: (845) 563-4615

Fax: (845) 563-4689

PLANNING BOARD APPLICATION

TYPE OF APPLICATION (check appropriate item):

Subdivision _____ Lot Line Change _____ Site Plan ☒ Special Permit _____

Tax Map Designation: Sec. _____ Block _____ Lot _____

BUILDING DEPARTMENT TRACKING NUMBER: PA -
MUST FILL IN THIS NUMBER

1. Name of Project WOODLAWN

2. Owner of Record UPSTATE PROPERTIES c/o ISERE HALBERTHAL Phone 845-356-4408

Address: 26 CONCORD DRIVE MONSEY NY 10952
(Street Name & Number) (Post Office) (State) (Zip)

3. Name of Applicant SAME Phone _____

Address: _____
(Street Name & Number) (Post Office) (State) (Zip)

4. Person Preparing Plan IL CONSULTING ^{ATTN:} LAWRENCE TORRO Phone 845-610-3621

Address: 67 BROOKSIDE AVE CHESTER NY 10918
(Street Name & Number) (Post Office) (State) (Zip)

5. Attorney JACOBOWITZ & GUBITS ^{ATTN:} JOHN CAPPELLO Phone 845-778-2121

Address 158 ORANGE AVE. WALDEN NY 12586
(Street Name & Number) (Post Office) (State) (Zip)

1. Person to be notified to appear at Planning Board meeting: E-MAIL: Horro@j/cp/lc.com

LARRY TORRO 845-610-3621 845-610-3493
(Name) (Phone) (fax)

2. Project Location: On the WEST side of QUASSAICK AVE (NYS RT. 94)
(Direction) (Street)

8. Project Data: Acreage 75 Ac. Zone R-5 School Dist. _____

9. Is this property within an Agricultural District containing a farm operation or within 500 feet of a farm operation located in an Agricultural District? Yes _____ No ✓

***This information can be verified in the Assessor's Office.**

***If you answer yes to question 9, please complete the attached AAgricultural Data Statement.**

10. Detailed description of Project: (Use, Size, Number of Lots, etc.) 115 MULTI-FAMILY TOWNHOUSE UNITS ON 75 ACRES

11. Has the Zoning Board of Appeals Granted any Variances for this property? yes _____ no ✓

12. Has a Special Permit previously been granted for this property? yes _____ no ✓

IF THIS APPLICATION IS SIGNED BY ANYONE OTHER THAN THE PROPERTY OWNER, A SEPARATE NOTARIZED STATEMENT OR PROXY STATEMENT FROM THE OWNER MUST BE SUBMITTED, AT THE TIME OF APPLICATION, AUTHORIZING THIS APPLICATION.

STATE OF NEW YORK)

SS.:

COUNTY OF ORANGE)

THE UNDERSIGNED APPLICANT, BEING DULY SWORN, DEPOSES AND STATES THAT THE INFORMATION, STATEMENTS AND REPRESENTATIONS CONTAINED IN THIS APPLICATION AND SUPPORTING DOCUMENTS AND DRAWINGS ARE TRUE AND ACCURATE TO THE BEST OF HIS/HER KNOWLEDGE AND/OR BELIEF. THE APPLICANT FURTHER ACKNOWLEDGES RESPONSIBILITY TO THE TOWN FOR ALL FEES AND COSTS ASSOCIATED WITH THE REVIEW OF THIS APPLICATION.

SWORN BEFORE ME THIS:

[Signature]
(OWNER'S SIGNATURE)

6th DAY OF June 2008

[Signature]
(AGENT'S SIGNATURE)

ISERE HALBERTHAL

[Signature]
NOTARY PUBLIC

ROSE M. JOHNSON
Notary Public, State of New York
No. 01JO4997626
Qualified in Rockland County
Commission Expires June 15, 2010
Please Print Agent's Name as Signed

TOWN USE ONLY:

DATE APPLICATION RECEIVED

APPLICATION NUMBER